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APPLICANTS

Marc S. Gorans, Willmar, MN;  
 Scott C. Johnson, Blomkest, MN;

\*\* CONTINUING DATA \*\*\*\*\* *Don V 8/9/05*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Don V 8/9/05*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
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Verified and Acknowledged *Amelia M. Valente*  
 Examiner's Signature Initials

ADDRESS  
 26813  
 MUETING, RAASCH & GEBHARDT, P.A.  
 P.O. BOX 581415  
 MINNEAPOLIS , MN  
 55458

TITLE  
 Beak treatment with tongue protection

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